

Fortune/U.S. State Department
Global Women's Mentoring Partnership
Nomination Form 2014

1. Name: _____
i. (First name) (Middle name) (Last name)
2. City and Country of Birth: _____
3. Date of Birth written in full: _____
a. (Month) (Day) (Year)
4. D. Passport no: _____
a. Date of issue: _____
b. Date of expiration: _____
5. Marital Status: _____
6. Citizenship: _____
7. Special considerations, such as allergies, medical and physical challenges, dietary preferences:
8. Do you smoke? Yes () No ()
9. Business address, telephone and fax numbers:
10. E-mail address:
11. Home address and telephone:
12. Preferred Mailing Address: Business () Home ()

13. Languages:

- 1) Native Language:
- 2) English Proficiency:
 - ii. Speaking:
 - iii. Comprehension:
 - iv. Written:

14. Present Position: (exact title, starting date, and brief description of role in company)

15. Full Name of Company or Institution

16. Brief Description of Company/Institution: (Please include type of industry, number of employees, annual budget, etc.)

17. Publications (if any):

18. Professional memberships in local, national or international professional organizations or associations or clubs:

19. Previous Travel to the United States: (Please note if grantee has ever traveled on a U.S. Government program)

- a. Dates:
- b. Places Visited:
- c. Sponsorship/Purpose of Visit:

20. Other Travel Abroad

- a. Dates:
 - b. City and Country:
 - c. Principal Purpose of Visit:
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 - b. City and Country:
 - c. Principal Purpose of Visit:

21. Educational Background: (List highest degree first. Include significant training programs.)

- a. Dates:
- b. Degree/Certificate:
- c. Institutions:
- d. Field of Specialization:

22. Other Interests: (Sports, Hobbies, Volunteer Activities)

23. Would you be comfortable with a homestay situation (i.e. staying in the home of the mentor)?

24. What do you hope to gain from an intensive mentorship with a top U.S. female executive?

25. What is your current profession, and what have you done in the past, that makes you a good candidate for the program?

26. Additional information you would like to include about the candidate (optional):